



## PERSI 505: Retirement Planning Workshop Registration

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Employer/Agency: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Planned date of retirement: \_\_\_\_\_

City: \_\_\_\_\_

*(If a date is not given, PERSI will assume your earliest regular retirement date.)*

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Spouse or Significant Other's Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_

*(Needed to calculate contingent annuitant options.)*

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

*If your spouse is also a PERSI member, we need the following information on them.*

First choice of workshop date/location  
(see schedule): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Alternate choice: \_\_\_\_\_

Employer/Agency: \_\_\_\_\_

Will your spouse or significant other be attending? ☐ Yes ☐ No

Work Phone: \_\_\_\_\_

Planned retirement date: \_\_\_\_\_

If yes, their name: \_\_\_\_\_

Do you have any of the following?

☐ 401(k) ☐ 403(b) ☐ 457 ☐ IRA

*(Check all that apply)*

Mail your completed form to:

**PERSI Workshop  
P.O. Box 83720  
Boise, Idaho 83720-0078**

**Questions: Call 1-800-451-8228 x297**

**Don't forget to include your deposit check for \$15 with this form. Your check will be returned to you at the workshop.**



**You must notify PERSI if you cannot attend, otherwise your check will be cashed.**